MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01633

CERTIFICATE OF DEATH

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Charles County Md. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pisgah Md
LENGTH OF STAY (in this place): 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY: Charles County Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pisgah Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William Henry (Middle) (Last) Barbour

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/15/81

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Nanjemoy Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chapman Barbour

14. MOTHER'S MAIDEN NAME: Lucy Pier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Earl Barbour, Pisgah Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Three years
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/51, 19..., to 2/19/52, 19..., that I last saw the deceased alive on 2/19/52, 19..., and that death occurred at 5-45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Andrews — ADDRESS — DATE SIGNED: 2-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 24, 1952 — NAME OF CEMETERY OR CREMATORY: Methodist Smiths Chapel — LOCATION (City, town, or county): Pisgah — (State): md

DATE REC'D BY LOCAL REG.: Feb. 24, 1952 — REGISTRAR'S SIGNATURE: Mary Southerland

24. FUNERAL DIRECTOR: Penny & Cofer — ADDRESS: Pisgah, md

RECEIVED
FEB 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01634

CERTIFICATE OF DEATH

For Medical Examiners.

Reg. Dist. No. 106

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural / Indian Head — LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural / Indian Head
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Elizabeth (Last) Barnes

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 21, 1950

9. AGE last birthday: 1 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Indian Head, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cullen Stuckett

14. MOTHER'S MAIDEN NAME: Anna Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Anna Barnes, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Conflagration c̄ Suffocation c̄ Burns Entire body c̄ charring — Instant

916.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 4, 1952 4:30 P m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Explosion of Oil Stove.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE: Frank G. Jason M.D. (Degree or title) — ADDRESS: Indian Head, Md — DATE SIGNED: 2-4-52

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: 2/6/1952 — NAME OF CEMETERY OR CREMATORY: St Charles — LOCATION (City, town, or county): Glimont (State): Md

DATE REC'D BY LOCAL REG.: 2/5/52 — REGISTRAR'S SIGNATURE: Odey Prise — 24. FUNERAL DIRECTOR: Hunt H Nyon — ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
PUBLIC V. SU

Item 21 Film G139 2-20-52 ams

Med Examiner's Case

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01635

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown — LENGTH OF STAY (in this place): Lifer
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Edward (Last) Childs
4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 11-3-51
9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? EB
13. FATHER'S NAME: Francis Edward Childs
14. MOTHER'S MAIDEN NAME: Agnes Cecilia Thompson ~~Childs~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Agnes Childs, Bryantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — 2-7-52

924.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): A
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Bryantown — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Baby rolled under covers and beneath mother. (2-20-52 ams)

22. I hereby certify that I attended the deceased from Med Examiner's Case, 19..., that I last saw the deceased ~~alive~~ on ..., 19..., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: C. J. Edelen (Degree or title): M.D. — ADDRESS: La Plata Md — DATE SIGNED: 2-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/8/52 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Bryantown Md

DATE REC'D BY LOCAL REG.: 2/9/52 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Francis Childs, Bryantown, Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 11 1952
BUREAU V. S.

01636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) B. (Last) DeLASHMIT
4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 24, 1904
9. AGE last birthday 47 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles D. Carpenter
14. MOTHER'S MAIDEN NAME Sarah A. Braguniere
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ada Mae Clements, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2-22-52

330 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1952, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 2-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/26/52
NAME OF CEMETERY OR CREMATORY Pisgah M.E.
LOCATION (City, town, or county) (State) Pisgah, Md.
DATE REC'D BY LOCAL REG. 2/25/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt + Ryan, Waldorf, Md ADDRESS

M

1

VS. 445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01637

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) JAMES (Last) DIXON

4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1952

5. SEX M.

6. COLOR OR RACE Col

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Mar. 9, 1869

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Dept. of Welfare, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2-26-52

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home 9:30 am (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. H. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/27/52

NAME OF CEMETERY OR CREMATORY Zion Wesley

LOCATION (City, town, or county) Waldorf Md. (State)

DATE REC'D BY LOCAL REG. 2/27/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryan, ADDRESS Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THURMAN (Middle) Gilbert (Last) FLOYED
4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 2 1878
9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joel Floyed
14. MOTHER'S MAIDEN NAME: Julia A. Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Althea G. Chuscaden, Fenwick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary — 20 min.

420 1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy, — Lifetime

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 49, to 19 Feb., 19 52, that I last saw the deceased alive on 19 Feb., 19 52, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Woodd. MD. La Plata. 19 Feb 52.

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE: 2/22/52
NAME OF CEMETERY OR CREMATORY: Bumpy Oak
LOCATION (City, town, or county) (State): Pomonkey Md

DATE REC'D BY LOCAL REG. 2/21/52
REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01639

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryans Road — LENGTH OF STAY (in this place): 2 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Doncaster.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Thomas (Last) Gilroy				4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1952	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: June 23 1868	9. AGE last birthday: 84 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Road	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Charles County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Thos. Alexander Gilroy		14. MOTHER'S MAIDEN NAME: Marion Hart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT AND ADDRESS: Mrs. Marie Mills, New Brunswick, N.J.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	1 yr
422.2 Antecedent cause(s) (b)	Frostbite with resultant	2 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ulcerations both feet	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1952, to 2/18, 1952, that I last saw the deceased alive on 2/16, 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank G. Susan M.D.		Indian Head, Md	2-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/21/52	NAME OF CEMETERY OR CREMATORY: Gilroy Burying Ground	LOCATION (City, town, or county) (State): Doncaster, Md
DATE REC'D BY LOCAL REG.: 2/20/52	REGISTRAR'S SIGNATURE: Julia H. Pasey	24. FUNERAL DIRECTOR: Hunt & Ryan	ADDRESS: Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CHARLOTTE HALL
LENGTH OF STAY (in this place) 32 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CHARLOTTE HALL
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) LULU (Middle) MAE (Last) HEILIGER

4. DATE OF DEATH (Month) FEBRUARY (Day) 21 (Year) 1952

5. SEX FEMALE

6. COLOR OR RACE U.S. - WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH JULY 30 1869

9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) BALTO CITY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Jones

14. MOTHER'S MAIDEN NAME Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs Lola M. Folk, Dubois Charles Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ADENO CARCINOMA OF TRANSVERSE COLON WITH HEPATIC METASTASES	4 MONTHS
153x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	20 YEARS
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION JANUARY 15, 1952

19b. MAJOR FINDINGS OF OPERATION ADENO CARCINOMA OF TRANSVERSE COLON: HEPATIC METASTASES

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1947, to 2/21, 1952, that I last saw the deceased alive on 2/21, 1952, and that death occurred at 4 30 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 2/21/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE Feb-25-52 NAME OF CEMETERY OR CREMATORY Loudon Pk LOCATION (City, town, or county) Balto City (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) MARCELLUS (Last) JAMESON

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 10 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER owner

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): CHARLES Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WILLIAM MARCELLUS JAMESON

14. MOTHER'S MAIDEN NAME: MARY M. QUEEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: JOHN F. JAMESON SON (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIO-SCLEROTIC HEART DISEASE; CORONARY SCLEROSIS; HEART BLOCK — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS.

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) GENERALIZED ARTERIO-SCLEROSIS — 10 YEARS.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1948., to FEBRUARY, 1952., that I last saw the deceased alive on FEBRUARY 20, 1952, and that death occurred at 12 NOON m., from the causes and on the date stated above.

SIGNATURE: John N. Griffin, (Degree or title) M.D. ADDRESS: Nugheville, Md. DATE SIGNED: 2/20/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 2/23/52 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): BRYANTOWN Md.

DATE REC'D BY LOCAL REG. 2/22/52 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR — ADDRESS: Huntt & Ryon WALDORF Md

RECEIVED
FEB 15 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata Md — LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phys Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) Leeds (Last) Mitchell.
4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov 14-1860
9. AGE last birthday: 91 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): St Marys Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: C. C. Spalding
14. MOTHER'S MAIDEN NAME: Sophia Kerr Leigh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Howard Murdock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs.

4222 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Enteritis Acute — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1952, to Feb 15, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank C. Susan M.D. — ADDRESS: Indian Head Md. — DATE SIGNED: 2-17-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE: 2-18-52 — NAME OF CEMETERY OR CREMATORY: Mt Rest — LOCATION (City, town, or county) (State): La Plata Md

DATE REC'D BY LOCAL REG.: 2-18-52 — REGISTRAR'S SIGNATURE: M L Moore
24. FUNERAL DIRECTOR — ADDRESS: Hunter & Ryan Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

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FEB
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Grayton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Anna Montgomery

3.(b) Social Security Number

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: George Montgomery

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 29 1898

8. AGE: Years 53 | Months 11 | Days — | If less than one day ... hrs. ... min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)

10. Usual occupation: Nanjemoy Md

11. Industry or business: Housewife

FATHER

12. Name: James Butler

13. Birthplace: Charles Co. Md

MOTHER

14. Maiden name: Harriett Ann Gibson

15. Birthplace: Charles Co. Md.

16. Informant: William Mistead

Address: Nanjemoy Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Feb. 21 1952
(month) (day) (year)

Cemetery or crematory: Emory Chapel

Location: Nr. Riverside Md.

18. Funeral director: Stanley Penny

Address: Mason Springs Md

19. Feb 19 1952 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 18 1952 at 9 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to Sept 1951

and that I last saw h... alive on ... 19...

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to:

Other conditions: 221X
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Geo. F. Bechtell Mtr.
M. D. or other

Address: Marbury Md. Date signed: Feb. 18 52

RECEIVED
FEB 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01644

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: CHARLES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata Md
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Chas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Nanjemoy Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Everett (Middle) Harrold (Last) POSEY

4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 9-1911

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Powder factory

10b. KIND OF BUSINESS OR INDUSTRY: att.

11. BIRTHPLACE (State or foreign country): Chas Co Md

12. CITIZEN OF WHAT COUNTRY? NS.

13. FATHER'S NAME: Ernest Posey

14. MOTHER'S MAIDEN NAME: Mary Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Naval Pd Factory att

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Margaret Posey, Nanjemoy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL DEGENERATION with

Antecedent cause(s) (b) Right sided heart failure

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) POLYCYTHEMIA VERA.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/, 1952, to 2/22, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE: S. Woodley (Degree or title) MD ADDRESS: La Plata. DATE SIGNED: 22 Feb 52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 2/25/52 NAME OF CEMETERY OR CREMATORY: Nanjemoy Baptist LOCATION (City, town, or county) (State): Nanjemoy Md

DATE REC'D BY LOCAL REG.: 2/24/52 REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hunt & Ryon ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 26 19
BUREAU V. S.

Items 13,14 FilmG139 2/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) (Last) Schwarc
4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Jan 13-1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Berlin Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl Timsar
14. MOTHER'S MAIDEN NAME Minna Happer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Ole Olson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure, coronary thrombosis
15/X Antecedent cause(s) (b) Ca of stomach
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) senility

INTERVAL BETWEEN ONSET AND DEATH long lasting

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ascites due to metastases of ca.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952 to Febr. 9, 1952, that I last saw the deceased alive on 6 Febr., 1952 and that death occurred at 10:35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Michael Barbarish, M.D, FICS, Waldorf, Md.

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)
DATE THEREOF 2-14-52
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) Wetherly (State) Pa.

DATE REC'D BY LOCAL REG. 2-12-52
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

COPY SENT TO LOCAL PEG > MAP No 105 DATE 2/13/52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joe (Middle) Mangley (Last) Shelton
4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 1, 1948
9. AGE last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Indian Head Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James B. Shelton
14. MOTHER'S MAIDEN NAME: Anna May Beavers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: James B. Shelton, Indian Head, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2-18-52

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull — 2-18-52

(c) Hit by auto — 2-18-52

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) Ind. Head — (COUNTY) Chas. — (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 18 (Year) 52 (Hour) 4:00 pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___*

SIGNATURE: J. H. Edelen (Degree or title) M.D. — ADDRESS: La Plata Md. — DATE SIGNED: 2-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-21-52 — NAME OF CEMETERY OR CREMATORY: Nozarine — LOCATION (City, town, or county) (State): Pisgah, Md.

DATE REC'D BY LOCAL REG.: 2/20/52 — REGISTRAR'S SIGNATURE: Julia H. Posey — 24. FUNERAL DIRECTOR: Huntt & Ryan, Waldorf, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 21 1...
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Doncaster (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Doncaster (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Nancy Ann Speake

3.(b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John A. Speake

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): January 7 1861

8. AGE: Years: 91 Months: — Days: — If less than one day ... hrs. ... min.

9. Birthplace: Ironsides Charles Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Alexander Rison

13. Birthplace: Ironsides, Md.

14. Maiden name: Eliza Jane Rison

15. Birthplace: Ironsides, Md.

16. Informant: Ollie L. Wheeler

Address: Doncaster Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 24 1952 (month) (day) (year)

Cemetery or crematory: Chicamuxen Methodist

Location: Chicamuxen, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf Md

19. Feb. 22 1952 (Date rec'd by registrar) Mary Smithsland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 22 1952 at 4 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from — 1904 to Feb — 1952 and that I last saw her alive on Feb. 14 1952

Immediate cause of death: Cardio-renal disease

DURATION

Due to:

Due to:

Other conditions: 442 x (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George E. Bicknell Jr. M. D. or other

Address: Mallory Md Date signed: Feb. 22 52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WINFIELD (Middle) OCTAVIUS (Last) TAYLOR

4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1952

5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-31-1950
9. AGE last birthday 1 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Anthony Taylor
14. MOTHER'S MAIDEN NAME Edith Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of [redacted]) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Charles Taylor, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diarrhea ([redacted])	10 days.
571.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) dehydration. and absorbed toxins	2 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Feb, 1952, to 5 Feb, 1952, that I last saw the deceased alive on 5 Feb, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

SIGNATURE A. B. Woodd (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 5 Feb 51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/8/52
NAME OF CEMETERY OR CREMATORY St. Josephs
LOCATION (City, town, or county) (State) Pamfret, Md

DATE REC'D BY LOCAL REG. 2/6/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Penny + Cofer, Mason Springs, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB. 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01649

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
LENGTH OF STAY (in this place) 1 Mo yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Home of Samuel Williams

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road, Md.
STREET ADDRESS (If rural, give location) (Home of Samuel Williams.)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Thomas
4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant Farm
11. BIRTHPLACE (State or foreign country) Chas. County Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Samuel Williams Bryans Road, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 days

431X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1952, to Feb. 26, 19....., that I last saw the deceased alive on 2/22, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank G. Ryan M.D. Indian Head Md 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE 2/27/52 NAME OF CEMETERY OR CREMATORY Iron Wesley LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 2-27-52 REGISTRAR'S SIGNATURE M L Morris
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CH 0 DATE 2/28/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Charles
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marbury
LENGTH OF STAY (in this place): 6 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Kentucky
COUNTY: Greenup
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenup
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Pearlie (Middle) (NONE) (Last) Virgin

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/19/73

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oldtown, Kentucky

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Burton

14. MOTHER'S MAIDEN NAME: Mary Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sylvia Bailey, Marbry, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 Years
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerpsis	Indefinite
331X	(c) Valvular Heart Disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 9/25/51, 19....., to 2/22/52, 19....., that I last saw the deceased alive on 2/22/52, 19....., and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE AND TITLE (Degree or title): James E. Andrews M.D.

ADDRESS: Indian Head Md.

DATE SIGNED: 2/22/52

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE: 2-25-1952

NAME OF CEMETERY OR CREMATORY: Mt Zion

LOCATION (City, town, or county) (State): South Shore Ky

DATE REC'D BY LOCAL REG.: 2/27/52

REGISTRAR'S SIGNATURE: M L Minnis

24. FUNERAL DIRECTOR AND ADDRESS: Hewitt & Tyson Wardsy Md

RECEIVED
FEB 25 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) S. (Last) WADE
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: 8-18-1881 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Selby
14. MOTHER'S MAIDEN NAME: Margaret Burford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Frank B. Wade, Port Tobacco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident.	3 hrs.
3217 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension.	2 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1949, to 10 Feb, 1952, that I last saw the deceased alive on 10 Feb, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE: J R Woodall. (Degree or title) M.D. ADDRESS: La Plata. Md. DATE SIGNED: 10 Feb 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/13/52 | NAME OF CEMETERY OR CREMATORY: Mt. Beat | LOCATION (City, town, or county) (State): La Plata, Md

DATE REC'D BY LOCAL REG.: 2/12/52 | REGISTRAR'S SIGNATURE: Julia H. Posey | 24. FUNERAL DIRECTOR: Hewett & Ryon, Waldorf, Md ADDRESS

RECEIVED
FEB 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Francis	(Middle) L.	(Last) Wathen	4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1952
5. SEX M.	6. COLOR OR RACE W.	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 9-26-04	9. AGE last birthday 47 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Newport Md	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Lee Wathen		14. MOTHER'S MAIDEN NAME Elizabeth Hederman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no	16. SOCIAL SECURITY No. no	17. INFORMANT AND ADDRESS Mrs. Mary Wathen, Newport, Md		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	2-10-52
420.1 Antecedent cause(s)	(b) Gen. Art. Sclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
322.1) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Alcoholism	70 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 2/10, 1952, that I last saw the deceased alive on 2/10/52, 19....., and that death occurred at 8:00 P. m. from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) MD ADDRESS La Plata, Md DATE SIGNED 2/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/13/52	NAME OF CEMETERY OR CREMATORY St. Marys	LOCATION (City, town, or county) (State) Newport, Md
DATE REC'D BY LOCAL REG. 2/12/52	REGISTRAR'S SIGNATURE Julia H. Pasey	24. FUNERAL DIRECTOR Hunth & Ryon, Waldorf, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A2

RECEIVED
FEB 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01653

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Indian Head
LENGTH OF STAY (In this place) 14 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Jean (Last) Woodland
4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Dec 11, 1950
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indian Head, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Sylvester Woodland
14. MOTHER'S MAIDEN NAME Margaret Mathews.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Mis Thos S. Woodland Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Conflagration - Suffocation, burns entire instant. body c. charring

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) Feb. (Day) 4 (Year) 1952 (Hour) 9:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Explosion of Oil stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Indian Head, Md DATE SIGNED 2-4-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 2/6/1952 NAME OF CEMETERY OR CREMATORY St Charles LOCATION (City, town, or county) Alimont (State) Md

DATE REC'D BY LOCAL REG. 2/5/52 REGISTRAR'S SIGNATURE Odey Prison
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

01654

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Indian Head
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Patrick (Last) Woodland
4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 17, 1949
9. AGE last birthday 2 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indian Head Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Sylvester Woodland
14. MOTHER'S MAIDEN NAME Margaret Mathews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT Mrs. Thos. S. Woodland Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Conflagration - Suffocation, burns entire body & charring	Instant
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) Feb. (Day) 4 (Year) 1952 (Hour) 9:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Explosion of Oil Stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank Susan M.D. (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 2-4-52.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 2/6/1952 NAME OF CEMETERY OR CREMATORY St Charles LOCATION (City, town, or county) Alimont (State) Md

DATE REC'D BY LOCAL REG. 2-5/52 REGISTRAR'S SIGNATURE Odey Prise
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

RECEIVED
MAR 7 1902
BUREAU V. S.